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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: 01		COIVII	LLILD
FC		FCL011286	B. WING		09/30/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
KNOB HILL FAMILY CARE HOME 90 KNOB HILL ROAD ASHEVILLE, NC 28806						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	HOULD BE COMPLETE	
C 000	Initial Comments		C 000			
	Report by Paul Dixon					
	DHSR Construction Section conducted a Biennial Survey on September 30, 2015 from 1:25 PM to 2:55 PM at the above referenced facility. DHSR records indicate the home was first licensed on March 24, 1981. Licensure rules at this time only allowed for a maximum capacity of 5 Residents. Effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six all ambulatory residents. This home is currently licensed for Six (6) all-ambulatory residents (able to evacuate and respond without any physical or verbal assistance during an emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1977 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1978 (Rev 3) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. NOTE: This Facility is not currently serving any Residents.					
		isit, we cited deficiencies that ole plan of correction. They				
C 174	Building Equipment Maintained Safe, Operating		C 174			
	EQUIPMENT	THE BUILDING B17 BUILDING SERVICE and all fire safety, electrical,				
	mechanical, and pl	umbing equipment in a family maintained in a safe and				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL011286 09/30/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 90 KNOB HILL ROAD **KNOB HILL FAMILY CARE HOME** ASHEVILLE, NC 28806 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 174 Continued From page 1 C 174 (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Observations during the survey showed that the range hood grease filters were missing. Obtain and install new grease filters in the hood. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair. C 183 C 183 Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Observations during the survey showed that the paint on the fascia and soffit over the front bedroom windows was peeling badly. Have the loose paint removed and have the soffits and Provide the DHSR fascia repainted. Construction section with copies of all invoices. work orders, receipts, photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that the paint on the fly rafters where the roof changes height was peeling badly. Have the loose paint removed and have the rafters repainted. Provide the DHSR Construction section with copies of all invoices, work orders, receipts, photographs and any other supporting documentation concerning this repair.

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